• *Insulated doors*- not hollow doors—with good mountings. Sliding doors are not good.

• *Carpeting.* In the hallways, in the exam rooms, and in the reception rooms. The new acrylic fibers allow stains to be wiped off (wool carpeting is not so resistant). A good bet: order carpets with steel fibers woven in for antistatic purposes. A few physicians have even had their carpeting extended part way up the exam room walls to provide wainscoting.

• *Drapes.* Whether exam rooms have windows or not, sound absorption and a nice decorative touch are provided by ceiling to floor draperies.

• *Telephone.* Order chimes to replace the noisy buzzer system. Don't have phones in exam rooms. They are patient-doctor interrupters and add noise.

3. *Insufficient business office space.* We are seeing more and more paperwork processing, more medical records and more equipment in today's medical office. Any two-physician practice now employs a staff person for these purposes that it didn't need 10 years ago. A four-physician group more likely has had to augment its front office staff by even more.

The trend will continue, so make sure you design in an extra 100-300 feet of business space for future needs.

Rule of thumb: one employee requires approximately 100-150 square feet for adequate working space. Each added employee in that work area needs approximately 65-75 square feet of space.

The above points indicate the most frequently made mistakes from an architect's point of view. ■

Dear Editor:

The recent article by Drs. Amberg and Zboralske, "Autopsie Nouvelle," *Arizona Medicine*, Vol. 42, No. 5, pp. 296-298, May, 1985, has provoked a certain amount of amazed perplexity on the part of many pathologists in our state. The authors comment on the need for postmortem examinations in cases of sudden or unexpected death as essential. Yet they claim that in hospitalized and diagnostically evaluated patients autopsies are somehow not necessary nor useful; in part because they do not provide physiologic data and, it is said, are unable to provide valid observations because of autolysis.

Autopsies are still, in spite of the authors' redefinition of the word, part of *postmortem* examinations—examinations which encompass review of medical records, laboratory data, and the results of radiologic and other diagnostic procedures as well as a study of the internal organs and other anatomy exposed by the prosector's dissection. Uncertainty is a part of any professional practice be it medical, legal, or theological. Because some autopsies do not yield a complete explanation of all aspects of the cause of a particular death, there is no reason to impugn the utility of most such examinations which do provide valuable interpretative information based upon clinical observations during life as well as the postmortem anatomic observations. Apparently not known to the authors is that in certain well defined circumstances certain biochemical or immunologic information can be obtained from postmortem tissues and fluids to aid in comprehensive analysis of the case.

Contrary to the authors' assertions—except in cases of actual postmortem decomposition—the twice alluded to autolysis is *not* a significant problem in the interpretation of autopsy findings. In fact it is in medical examiner's cases, deemed essential for autopsy by the authors, that autolysis as a result of postmortem composition may most often obscure diagnosis. Even in such cases with advanced changes accurate diagnosis is more often than not possible.

In autopsies as in any interpreted medical diagnostic procedure there may be differing conclusions based upon technical factors as well as operator skill and experience. In the case of hospital autopsies surprises are, in my experience, still quite common and in the majority of cases more than diagnosis is at issue. Degree of healing, extent of spread of already diagnosed disease and complications of therapy, or negative findings in instances of alleged medical error can also be demonstrated at postmortem examination.

Autopsies, in most hospitals performed by experienced pathologists, provide more than diagnosis and continue to yield unexpected, clinically instructive information that is important for physicians

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Dear Editor: (Continued)

and families to know. Without comprehensive studies of new diseases, e.g. acquired immuno-deficiency syndrome (AIDS) including data provided by autopsies, vital information important in understanding and controlling them may not ever be available.

The Greek translation the authors provided is accurate and "seeing with your own eyes" by taking a look by means of the internal postmortem examination remains a vital component of modern medical science. ■

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